Exhibit D

In The Matter Of:

Rackliff vs. C.R. Bard

Suzanne Parisian, M.D.

June 13, 2014

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record.

A My full name is Dr. Suzanne Parisian.

Q And what is your present business address?

A It's MD Assist, Inc., 7117 North 3rd Street, Phoenix, Arizona.

Q And you've been deposed before?

A Yes, sir.

Q Can you estimate for me how many depositions you've given over the years?

A Over -- since 1997, 180 depositions.

Q So you are familiar with the process?

A Yes, I hope. I think I am, but you never know.

Q I would just ask that if at any time I ask you a question that you do not hear or do not understand, please ask me to repeat it or rephrase it. And if at any time you wish to take a break, please let us know and we are happy to do so.

A Yes, sir. Thank you.

Q You said you've been deposed 180 times since 1997. Can you estimate how many times you've actually testified in court?

A I think I've been in court about -- I think maybe about 50 times. I'm not sure.

Q Can you estimate for me how many depositions

MR. LOPEZ: This is -- let me just say this -- I know you are not supposed to -- but isn't this outside the scope? We are talking -- she's here for three cases, and now you are deposing her on the MERIDIAN, and the MERIDIAN doesn't -- I mean, if you want to make this about the MERIDIAN case, I guess we can, but, I mean, I would just suggest to you that these are Recovery cases.

MR. NORTH: This has to do with her credibility. It's fair game.

MR. LOPEZ: Oh, okay. You are going to testify --

MR. NORTH: She submitted a report that addresses all of these filters, and she generically lumps them together, so all are fair game.

MR. LOPEZ: I mean, you can use your time as you wish, but...

THE WITNESS: Well, fine. If we go to page 141, I'm discussing what I know about the MERIDIAN -- 142. I haven't done a lot of research in the MERIDIAN, and I basically looked at what the company was saying that the MERIDIAN was going to address in terms of a secure, safe filter. It's using the same different -- the same use of elastic cranial hit hooks. I talk about the marketing of the MERIDIAN

too, but I am board certified in pathology.

Q And you are still licensed to practice medicine?

A Yes, sir.

Q In Arizona and Virginia?

A Yes, sir.

Q You are not a radiologist, are you?

A Correct.

Q And not an interventional radiologist?

A Correct.

Q Have you ever implanted an inferior vena cava filter?

A No, sir.

Q In your medical practice, did you ever have any dealings with a inferior vena cava filter?

A Not that I recall.

Q And my understanding is that you have not treated a living patient since the 1980s; is that correct?

A Correct. And the FDA -- and that the FDA don't treat any living patients, that's correct.

Q And you were at the FDA for approximately three or four years?

A I was from 1991 through 1995. Four years with the Public Health Service, yes, sir.

Q And you began your consulting company in 1997?
A No, 1995 --
Q And --
A -- August.
Q -- ever since you left the FDA, you have been -- your occupation has been a consultant?
A Yes, sir.
Q Are you still the only employee of your company?
A My -- well, my husband has been my employee in terms of doing all the billing and finances and everything that I don't do.
Q You do not have training in engineering, are you -- do you?
A Well, I have training from the FDA in engineering because I would have to work with engineers and read engineering drawings, and so I have on-the-job training from engineering, so in terms of medical device engineering.
Q But you've never studied engineering in an academic setting, have you?
A I took a course in undergraduate school in engineering, but I'm not an engineer.
Q And you are not a metallurgist?
A No, sir.

this year. And so I'm trying to cut back, and so that's why I'm just not having as much time to consult for medical device companies.

And also there are consultants, and -- but I have been a member of Regulatory Affairs Professional, and I've given -- I've lectured for their medical device courses online. I believe the course is still online.

I've been primarily a talking head for the Arizona Medical Association when they need someone to talk about the FDA for various issues. I've talked at the Biomedical -- Arizona Biomedical. So I've mainly been a resource as opposed to a consultant in the last couple of years.

Q How many active litigation cases do you have right now?

A Actually right now, I'm down to maybe about five.

Q Are all of those litigation cases on behalf of plaintiffs?

A Yes.

Q Have you ever had a litigation case where you were retained by the attorneys who represented a medical device manufacturer?

A Yes.

Q On how many occasions over the years?

A Well, of the ones that have gone to deposition, there's one, Clinical Diagnostics (sic). It's on my list, and it's a fetal pressure monitor, and so I gave a deposition testimony on that. I have agreed to take cases, but oftentimes they don't go beyond me having to -- I don't have to give testimony.

So I have nothing against taking a defense case, and so -- and I've worked also for -- and that was a medical device company.

Q On the list of testimony that we have, which I believe was Exhibit 8 right here --

A Yes, sir.

Q -- you mentioned a deposition. Is there a deposition listed where you were retained on behalf of the medical device company?

A Yes, sir.

Q And how many depositions are -- or trial testimonies are listed there where you were retained on behalf of the device company?

A That would be the only one where I gave a deposition.

Q What about for pharmaceutical companies in there?

A No. And I've taken cases. I've also turned

Q On how many occasions have you met with somebody from the Lopez McHugh firm --

A Only --

Q -- regarding this litigation?

A Only today.

Q All of your other communications during this project have been by phone or e-mail?

A By phone.

Q Who have you dealt with primarily, Mr. Brenes or Mr. Lopez?

A Both.

Q Did you write your report yourself?

A Yes, sir. All the typos are mine.

Q Have you ever published anything regarding inferior vena cava filters?

A No, sir.

Q It sounds to me like it's fair to say -- or I'm asking you, is it fair to say that you've had no professional involvement with inferior vena cava filters until your retention in this litigation?

MR. LOPEZ: Objection as to form.

THE WITNESS: I'm trying to -- I don't recall if -- when I was with the FDA, we actually did have some issues with inferior vena cava filters because they were like Class III devices, and FDA was

kind of concerned what they were going to do with them because they came out with the guidance in 1999.

So there were discussions, and I believe there were some recalls and safety issues with them. So I wouldn't say that professionally I've never had anything to do with them, but I don't recall that they were my responsibility. I was used as a chief medical officer, and I would be involved in issues. And also I've been involved in post-market issues.

So I know that I was introduced to the inferior vena cava when I was at the FDA, so I don't recall what capacity. I believe it was in post-market safety issues.

Q BY MR. NORTH: As you sit here today, do you have any specific recollection of what exactly you -- contact, if any, you had at the FDA with inferior vena cava filters?

A No, sir.

Q And you never reviewed any 510(k) or premarket applications regarding inferior vena cava filters, did you?

A I wasn't the reviewer; I was the clinical officer. I wouldn't have been the one reviewing these applications. I would be called in as a consult, as a medical officer. There's only ten medical officers in

was to be able to look at manufacturing and then to come up with the health risk assessment as to the potential effect on a patient and what needed to be done in order to protect patients. So yes, I did do that. I did that from '91 through '93.

Q I understand the good manufacturing practices, regulations and quality assurance issues that those pose, but do you have any experience in the engineering aspects of manufacturing?

A Sometimes I did, yes. It was -- that's why I had to be trained by the engineers. I had to be trained how to produce things online, what the verification process was, software, validation. So yes, I had to do that, and so that was part of my training.

Q My understanding is that you do have experience in designing a medical device, and particularly, a brain shunt and drug delivery device for newborn infants. Is that correct?

A Well, those are two different devices.

Q Okay.

A One -- one would be the brain shunt which would be the one from Stanford. They were looking at Alzheimer's disease, and they needed to figure out how to make a shunt that you can use in elderly people, so

I was the one that helped design the shunt and find the material.

The surfactant was the drug delivery for the newborn infants, and I had to help -- the company wanted to have a device for delivery that would meet CDRH standards, as well as CDR standards for drug and device. So I had to help them with the design of that product.

Q Are those the only two medical devices that you've been personally involved in designing?

A From the ground up, from pencil to paper to materials and to testing, and by a compatibility. Yeah, those are the two that I designed from the get-go.

Q And when were those projects? When did they occur?

A They were back in the '90s. I'm not sure when it was.

Q You've never served on the board of directors of a medical device company, have you?

A No, sir.

Q And you have never run or operated a public company, have you?

A That's correct.

Q And you've never worked in the regulatory

affairs of any drug or medical device manufacturer?

A That's right. I've worked with -- as a consultant.

Q And you've -- this I think is clear from your previous testimony, that you've never designed an inferior vena cava filter, have you?

A That's correct.

Q And you've never tested one?

A That's correct.

Q Have you ever been involved in the testing of any medical devices, outside of possibly something with the two you helped to design?

A Well, no. In terms of the consulting, some of the issues would be testing of medical devices and how to get clearance or how to address the safety issues. So there were companies that I would look at their testing. There are companies that I would come in and look at their adverse event reports of complaints and tell them what kind of testing to do. Those I can't disclose because those were under confidential, but some companies have me come in the back door and find out what their problems are.

Q Well, I understand you may have looked at testing before, but you have not actually conducted tests on medical devices, have you?

Q Do you maintain files on specific medical device manufacturers?

A At one time I did. Now I don't.

Q You have testified in litigation involving Bard before, haven't you?

A I believe so, yes, sir.

Q And that would have dealt with the hernia patch litigation?

A Oh, yeah, the Davol, yes, sir, the Kugel Mesh.

Q Can you recall any other products, medical devices involving Bard that you've testified concerning?

A Not offhand. I don't have a file on Bard as to what their history is. I did when I first started, but I don't do that anymore. I don't do that anymore.

Q When did you stop doing that?

A I would have stopped probably in the beginning of 2000. It's just -- I just -- I tend to now file them by attorneys or issues.

Q Do you keep files based on the type of products?

A It depends. Like, for example, pain pumps, I was involved in a lot of pain pumps; different manufacturers, same issues. So there is a file called pain pumps, and there is all the different cases, all

the FDA for their files concerning Bard filters, did you?

A No, sir.

Q Describe for me your methodology in reviewing a product like this and preparing a report like this.

A It's the same methodology I used at the FDA. I would go and I would look at -- basically do a glance at what's on the FDA's Web site, what got cleared, what the predicates are. You know, what -- how did this product evolve in terms of other devices that were similar.

So first I establish, how did this product get on the market? And then I would look at medical literature. I would look at discovery documents that are provided, but first I have to figure out in my own head how it got to be on the market, and then I would look at the types of reports that are being given, not just for this device, but for similar devices as to what -- what are physicians writing about it, what's -- so -- and that was how I always began at the FDA. How did it get on the market? What are people writing about it? What are the types of reports?

I may look at the MDR database. I didn't in this particular case because there are

documents that actually deal with the MDR database that the company had.

Then I would focus more on the types of complaints and looking at the manufacturing documents, what I have from discovery, and then trying to put it in context of how -- how it's -- you know, what types of reports are being expressed in terms of the patients that are the plaintiffs.

I oftentimes will ask, well, what kind of plaintiffs are we seeing? What kind of reports are we seeing? And so it's the same process I've done since -- if you looked at a report I did back at the FDA, it would almost be the same thing. How did this come about? What's the science? And then what are the -- what are the types of reports that are being expressed? And then in this particular case, I would focus specifically on C.R. Bard.

Q You mentioned the MAUDE database. You reviewed documents regarding the data in the MAUDE database with regard to Bard filters?

A In this particular case, the discovery actually had MAUDE databases that had been reviewed by the company. I didn't go back and do my own search of the MAUDE. I could. But in this particular case, I didn't need to expend that amount of time looking at

to tell you why?

MR. NORTH: You are going beyond the Arizona rules. Let -- that's all --

MR. LOPEZ: I just asked you a question. Do you want me --

MR. NORTH: No, I don't.

MR. LOPEZ: -- to tell you why? Okay.

THE WITNESS: I would discuss marketing and what information is provided. But now what an individual physician thought, he's going to have to testify or she is going to have to testify for themselves. I would be talking about in terms of the regulatory, my role at the FDA as to adequate warnings, instructions for use, off-labeled use. So those are regulatory issues. But what one specific physician thought, he's going to have to discuss that. I can't -- I don't know the mind of a particular surgeon or an implanter.

Q BY MR. NORTH: And your report in a number of places talks about various marketing efforts on the part of Bard, correct?

A Correct. And this is in the context of what I would have done at the FDA. I would have been asked, is this misleading? Is this false? You know, so it's a regulatory context of a post-market sales of products

and what a company can say and do in terms of their marketing. That's not in the brain of the one particular surgeon. He will have to answer whether -- you know, whether he agrees with me or not, she -- he or she.

Q You state an opinion in your report that the Recovery filter was not substantially equivalent to the Simon Nitinol Filter?

A Correct.

Q And why is it that you believe that?

A Based on the data that I've reviewed and the testing, the performance of it, the internal company documents, and based on the history of a permanent filter, the types of complications you see for the Simon Nitinol, it wasn't substantially equivalent for that. And a lot of that would be even in the document that I gave you today that I reviewed in terms of the testing between the Simon Nitinol and the -- and the Recovery filter; you will see my handwritten notes about the different performances of the Simon Nitinol back in '98 and '99. So it goes -- it stems back to their own testing. So --

Q What data --

A -- it's based on facts.

Q What data did you have about the complication

testing before they had the final device. So it actually had been on the prototype, not on the manufactured device. So I haven't seen any fatigue testing on the final device.

Q Did you review any of the laboratory notebooks regarding the test?

A I think I have. That's why I brought documents that I have reviewed in terms of some of the testing documents. The notebooks, per se, I don't know if I've reviewed the notebooks because that's oftentimes what a scientist will keep track of. But some of the data from those notebooks are in their final reports.

Q Have you ever conducted any studies about the nature of the stresses that occur within the inferior vena cava filter?

A No.

Q Have you formed an opinion as to anything specific about the design of the Recovery filter that you believe was defective?

A If I was consulting for a manufacturer wanting to make an IVC filter, one of the things that I would take into consideration or would want them to test would be the vena cava -- the environment of the vena cava and the changes in the stress.

selling it anymore because it's got all these risks and we are just monitoring safety issues. That's not what they told the FDA. They didn't tell the FDA anywhere that they stopped manufacturing it because of issues when they are getting the G2 approved -- cleared.

So that's the type of safety information that ODE is not -- is not -- they don't think of that types of information. The company has to tell them that there are relevant safety issues going on with this Recovery that we've chosen as our predicate, and we are not going to market it anymore. You can't do that.

That's why I said they could have chosen any other predicate. They could have chosen the SNT and made sure that it actually performed like the SNT -- the SNF, but they didn't. They chose the Recovery, which is a product they knew they were going to internally stop manufacturing, and just let it sit on the market that had problems, and you can't do that, and the process doesn't allow that.

So that's what -- the company was the one who actually misbranded the product and did not comply with regulations in terms of providing FDA relevant safety information so the FDA could ask additional testing or information about the product.

Recovery. Yeah, so I was wrong. It's not the G2; it was the 2004 was the Recovery. I thought there was another letter.

And so, again, if you go to page 127, Ms. Allen talking to FDA talking about sending out the Dear Doctor letter in 2005. I guess it begins on page 123, paragraph 397. That would be the first one that had been written as needed. And then there is another discussion about a letter that's going to be sent out on -- by -- you get to paragraph 413, letter of May 11th, 2005, and again it was a Recovery filter, so they were both Recovery filter.

Q You have discussed at great length today your opinions that Bard did not provide sufficient information to the FDA in its 510(k) submission for the Recovery filter, correct?

A In the context of safety for patients, so they provided information, but it wasn't relevant safety information as to the performance of the Recovery filter.

Q Did Bard provide any information or data in its 510(k) submissions that was false?

A Well, it said the migration resistance was going to be substantial equivalent to the Simon Nitinol Filter. That's false. And that it was substantially

equivalent to the Simon Nitinol Filter, that's false. So it claimed that it was substantially equivalent to the predicate, that it wasn't, and it didn't perform that way as a permanent filter.

And the company was the one who chose it to make it a permanent filter. The FDA actually would ask for them to limit the length of time it was implanted. Twice they asked them to do that, and both times the company said it was a permanent filter and they didn't want to limit the doctor as to when to remove the filter.

They did that with the retrieval option for the Recovery, and they did it again for the retrieval option for the G2. FDA tried to limit -- requested that the company limit the data for how long it could be implanted, and the company opted both times to say, no, it's a permanent filter.

Q You are saying that the FDA attempted to get Bard to limit the amount of time that the filter could be implanted so that therefore it would not be used as a permanent filter?

MR. LOPEZ: Objection as to form.

THE WITNESS: What the FDA did -- and they did -- in the Recovery label, they do have the Asch data and about -- the information about how long

Recovery -- the Recovery filter is not substantially equivalent to the Simon Nitinol Filter as a permanent filter. It does say -- it indicates it's a permanent filter and it has not been tested, it had not been designed, it had been not developed to be a permanent filter. So right there it begins by saying it is a permanent filter. That's wrong.

Q I'm not meaning to interrupt. We will get back to doing the other things, but while you are on that point, can I ask you some follow-up, and then I will ask you for the other points you think.

If the company knows or believes that the device it's selling is not substantially equivalent to the identified predicate, isn't the answer to that to quit selling the product and not to put a warning in the IFU?

A I agree with you. I said it shouldn't have been sold.

Q Right.

A You are asking me about the IFU. It shouldn't have even been on the market. So now if you are going to continue to market an adulterated and misbranded device and you want me to help you write a label, you would say you are not a permanent filter; that you've never been tested, designed or looked at as a permanent

device. They put a label that was like that they were substantially equivalent. They put a label that got them cleared, but it was not an appropriate label. It was basically a zebra that they are saying is a horse, and FDA needed to approve it, clear it as a horse. It's a zebra.

And so the company shouldn't have marketed it in the first place. Once they knew that there was a problem, they should have pulled it. They should have found a product that actually worked or sold their own Simon Nitinol Filter. Their own salespeople don't know about the Simon Nitinol Filter to sell it as a suitable alternative for a permanent filter.

Q Your opinion report at some point says that we failed -- Bard failed to warn physicians about deployment issues. What do you mean by that?

A Well, those are in terms of their internal documents, that they were deployment issues in terms of the femoral and the jugular kits. That's basically from Bard's tracking deployment issues, and so that's another issue about the difficulty of putting the device in.

One of the issues is that if you have a deployment problem, you can actually have it embolize

any evidence that Bard was affirmatively marketing the product for that use?

A It's awareness. It's awareness alone. That you are aware of it, you have a duty. You have a duty to either get that clearance so that your product is being used legally, or you have a requirement under 801.4 to update your warnings to warn against it. So it's awareness alone. It doesn't -- and I don't even have to show them where the document is saying off-labeled use. It triggers the responsibility of a manufacturer selling a product in the United States. You take an action, and they didn't take the action.

Now, in terms of off-labeled use, we have Dr. Asch with his live case studies presentations, two physicians in 2002 before the device, the Recovery is cleared for retrievable use, and he's showing it in his Canadian patients to American physicians. It's not even cleared for permanent filter use, and the company, Bard, is having these live case presentations.

You can't do that. That's off-labeled use right there. The Recovery wasn't even cleared for any indication, and then he's showing how to retrieve it. It wasn't -- it wasn't cleared until a year later for that indication.

So that's an example of off-labeled use

right there, that Dr. Asch, and then his article is published in 2002 about the time that the Recovery was cleared. There's nothing in there that's saying this is investigational use. You can't use it for retrieval. You can't do that. That's again promoting off-labeled use for the Recovery for retrieval. You couldn't do that. So that's another example.

So all these things, as a responsible manufacturer, Bard can't do. He cannot promote off-labeled use for a product that wasn't cleared. He can't promote off-labeled use for a product that's not cleared for retrieval.

And then we have the G2. The G2 was not cleared for Recovery until 2008, but I don't see Bard saying, oh, we don't market a product now that we've stopped in 2005 for Recovery, and the Recovery is not -- G2 is not cleared for Recovery until 2008. It seems like they are still marketing retrievable filter in there, and they are not necessarily producing one that's safe and effective. So Bard off-labeled use all over the place, and then they are following off-labeled use.

So I don't know what -- so, yeah, I don't have a document where it says here bariatric, but I know they are going to bariatric conferences. They